

S. No. 2
A-8-43
5-17-39
X37823

FILED JUL 6 1948
Registration District No. 139

Primary Registration District No. 4223

Registrar's No. 63

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Maitland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
family home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 10 years
years, months or days

3. (a) PRINT FULL NAME JOHN ROWLETT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Florence Anderson Rowlett

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 21, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 4 20 hr. min.

9. Birthplace Holt Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

12. Name Jerry Rowlett

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Adolph

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kirk Weston

(b) Address Maitland, Missouri

17. (a) burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maitland

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Maitland
(If outside city or town limits, write "RURAL.")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6/29, 1948, to June 6, 1948,
that I last saw him alive on June 6, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury 2

23. Signature M. P. [unclear] (M. D. or other) DO

Address Maitland, Mo. Date signed 6/14/48

Duration

3 days

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Clem M. Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Maryville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.